

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/913334	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1									
2									
3									
4									
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20									
21			1						
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30			1						
31			1						
32			1						
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36			1						
37			1						
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39			1						
40			1						
41			1						
42			1						
43									
44									
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46									
47									
48									
49									
50									
TOTAL IND.			1						
TOTAL DEP.			15						
TOTAL CLAIMS			22						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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